## **GE VCT 64 SLICE PROTOCOLS**

rotocol Na	me:	TI	EMPO	RAL BON	NES RO	DUTINE	ADU	JLT						
INDICATIONS:			Evaluation of patient for hearing loss, choleastoma or mastoiditis.				LABEL: Scout* Temp*, Cor* Sag*							
IV CONTRAST:			100cc nonionic contrast. 2cc/sec, 22ga or better IV				RECON 1:				.625mm thick / 0.5 interval. Bone plus recon at 4000ww/600wl.			
RAL CON	TRAS	T:	None				REC	CON 2:		2.	2.5 mm thick / 2.5 mm interval Std recon 400ww/40wl.			
PATIENT POSITIONING AND SCAN AREA:			Removable dental work needs to be removed. Patient supine, head first. Head as straight as possible in head holder. Landmark at base of skull. Cuts taken from the anterior margins of the external canal thru the semi-circular canals. No gantry angle.				110022311.01			uj co	Small FOV axial bilaterally (see up when scanning) then do coronal for each side at .625x.5 in bone windows.			
GENERAL EXAM			.625 x 5 mm axial images. Axial								Send scout, axials, and sag and			
GUIDELINES:			and coronal				cor images					to pacs.		
RIGGER C							ARCHIVE:							
ONTRAST		AY:	140 larm 200 MA at 0.6 retation				BILL AS: Usually Temporal Bones Un							
TECHNIQUE GUIDELINES:			140 kvp. 200 MA at 0.6 rotation.									[astoiditis]		
CIDELIN	30.									`				
0		744	1		T PRC	TOCOI	L SET		ANNE			X7 ·		
Scan Type		Start Loc		End Loc		ΚV		mA		Scout Plane		Voice Light	S	
Scout		S150.00		I150.00		140		10		90 and	180	Time N	r	
Securi		Diaphragm		Pubis					yound 100					
	ı		A	XIAL IM	AGE 1	PROTO	COL	SET IN	SCAN	INER				
Scan Sta Type Lo	art oc	End Loc	Thick Speed	Interval (mm)	Gantry Tilt	SFOV	kv	ma	DFOV	Show Recon1	Show Recon2	Show Recon3	Direct Vis	
Helical S0 Full 0.6 sec rotation	S0.0 S		0.625 10.62 0.531:	0.5	S0.0	Head	140	200 26.52 Auto ma on	20.0	0.625mm Bone+ Std 2.5mm Std 4000ww 400w 40wl		1.25m Edge 3500w 400l		
								DR 40%		600wl For recons	Send to Pacs	SS40		